

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 200

Complete if Known

Application Number 10/705,642
 Filing Date November 10, 2003
 First Named Inventor Damani, Rajiv J.
 Examiner Name Leszek B. Kiliman
 Art Unit 1773
 Attorney Docket No. 015258-061800US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
15	-20 or HP = 0	x \$50	= \$0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	-3 or HP = 1	x \$200	= \$200			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

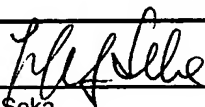
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

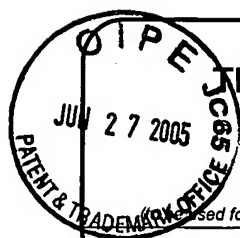
Signature


Registration No. 24,491
(Attorney/Agent)

Telephone 415-576-0200

Name (Print/Type) J. Georg Seka

Date June 24, 2005



TRANSMITTAL FORM

(Use for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/705,642

Filing Date November 10, 2003

First Named Inventor Damani, Rajiv J.

Art Unit 1773

Examiner Name Leszek B. Kiliman

Attorney Docket Number 015258-061800US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply (with Substitute Specification and Comparison Copy)
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return Postcard |
|--|--|--|
- Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature	<i>[Signature]</i>		
Printed name	J. Georg Seka		
Date	June 24, 2005	Reg. No.	24,491

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	<i>[Signature]</i>		
Typed or printed name	Jane Welch	Date	June 24, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 24, 2005.

PATENT

Attorney Docket No. 15258-618
Client Ref. No. P.7298

TOWNSEND and TOWNSEND and CREW LLP



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

RAJIV J. DAMANI, ET AL.

Application No. 10/705,642

Filed: November 10, 2003

For: SPRAY POWDER FOR THE
MANUFACTURE OF A THERMALLY
INSULATING LAYER WHICH
REMAINS RESISTANT AT HIGH
TEMPERATURES

Customer No. 20350

Confirmation No. 4764

Examiner: Leszek B. Kiliman

Technology Center/Art Unit: 1773

AMENDMENT

San Francisco, CA 94111
June 24, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

As a precautionary measure, applicants request an extension of time, if needed and if not separately attached hereto, and authorize the Commissioner to charge the fee therefor to our deposit account in accordance with our standing authorization for such charges.

In response to the Office Action dated March 28, 2005, please enter the following amendments and remarks:

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Abstract begin on page 4 of this paper.

06/28/2005 HTECKLU1 00000016 201430 10705642
01 FC:1201 200.00 DA

Application No. 10/705,642
Amendment
Reply to Office Action of March 28, 2005

PATENT

Amendments to the Claims are reflected in the listing of claims, which begins on page 5 of this paper.

Remarks/Arguments begin on page 9 of this paper.